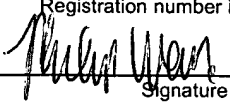


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PTO/SB/22 (12-04)  
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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br><b>P/113-14</b> |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
|---|------------|---|------------------|--|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|------------------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number <b>10/695,613</b>  |            | Filed <b>October 28, 2003</b>               |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| For <b>BABY AND TODDLER SUNGLASSES</b>  |            |   |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit <b>2873</b>  |            | Examiner <b>H. Dang</b>                     |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$60</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$225</td><td>\$ <b>225.00</b></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020</td><td>\$510</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590</td><td>\$795</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2160</td><td>\$1080</td><td>\$ _____</td></tr></tbody></table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p style="text-align: right;">02/16/2006 BABRAHA1 00000070 10695613<br/>02 FC:2252 225.00 DP</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <b>34,751</b></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <p><u></u> <b>February 13, 2006</b><br/>Signature Date</p> <p><b>Philip M. Weiss</b> <b>516-739-1500</b><br/>Typed or printed name Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p> |            |   |                  |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ <b>225.00</b> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                     |                  |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$ _____         |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$450      | \$225                                       | \$ <b>225.00</b> |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510                                       | \$ _____         |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795                                       | \$ _____         |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080                                      | \$ _____         |  |            |                         |  |  |       |      |          |  |       |       |                  |   |        |       |          |  |        |       |          |  |        |        |          |

**CERTIFICATION UNDER 37 C.F.R. § 1.10**

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service on date below in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EV 846696261 US addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: February 14, 2006

  
Debbie Broderick